Washington State Department of Social & Health Services
DDD Division of Developmental Disabilities

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
FAMILY SUPPORT PROGRAM

SERIOUS NEED REQUEST

WAC 388-825-234

CLIENT INFORMATION			
CLIENT'S LAST NAME	FIRST NAME	DATE OF BIRTH	ANNIVERSARY MONTH

RECEIVING MPC OR OTHER DSHS IN HOME SUPPORT	RECEIVING SSP	ASSESSED MONTHLY HOURS PER CARE
☐ Yes ☐ No	☐ Yes ☐ No	

Describe current use of basic supports:

Specific nature of request:

Describe intervention plan and expected outcome at the end of the requested time (three to six months):

Consequences if request is denied:

Number of months request is needed for:

Monthly Cost: $

CASE MANAGER'S SIGNATURE	DATE	ADMINISTRATOR'S SIGNATURE	DATE